

MISSOURI GAMING COMMISSION

BINGO DIVISION PO BOX 1847 JEFFERSON CITY MO 65102

REQUEST TO DISCONTINUE SALES OF PULL-TAB DEAL

BINGO ORGANIZATION NAME AND ADDRESS		BINGO LICENSE NUMBER
1. Have the top tier prize		No
	u may NOT discontinue the sale of this pull-tab gar	
	ue to damage, complete the information below and ovide the following information about the pull-tab	
in you amond the judy pro-	•	dear.
A Name of well tob	Deal 1	Deal 2
A. Name of pull-tab		
B. Cost per tab		
C. Serial number		
D. Supplier's name		
E. Manufacturer's name		
F. Total prize amount offer	ed	
G. Number of pull-tabs in the	he deal	
H. Invoice date (Purchase d	late)	
I. Total prize amount awar	ded	
J. Number of unsold pull-ta	abs	
2 D		
2. Provide the reason for	requesting to discontinue the sale of each pull-t	ab deal.
	7	
SIGNATURE	DAYTIME PHONE #	DATE
INSTRUCTIONS:		
	o the Missouri Gaming Commission, Bingo Division	n, P. O. Box 1847, Jefferson City, MO
65102. The form will be ap	pproved or disapproved and returned to your organi	ization. If approved, the approval form
	period of three years. If disapproved, you may not	
	o games on each 'Request to Discontinue Sales of completion of this form or if you need additional for	
	6-5370 or toll free 866-801-8643. You may fax you	
	FOR COMMISSION USE ONLY	
:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
□ APPROVED	COMMENTS	

DATE

SIGNATURE

□ DISAPPROVED